



APPLICATION FOR A FARM LABOR CONTRACTORS LICENSE



1. Application for licensing year beginning March 1, 20 _____ SSN#: - -

2. Federal MSPA # (required for Maryland license): - - - - -

3. Applicant identification (Please type or print)

Name:

Telephone:

Permanent address:

PO Box

Street Address

City

State

Zip

Height: ' "

Weight:

Hair color:

Eye color:

Date of birth:

Month/Day/Year

Place of birth:

4. Applicant's address in Maryland:

5. Convictions and revocations:

Have you ever been convicted of a felony under state or federal law?

☐ Yes

☐ No

Have you been convicted within the past five years of a misdemeanor relating to gambling or to the sale, distribution, or possession of an alcoholic beverage or controlled dangerous substance in connection with farm labor contracting activities?

☐ Yes

☐ No

Have you ever had a farm labor contractor registration certificate suspended or revoked by the US Department of Labor or any state?

☐ Yes

☐ No

6. Worker/Crew Information:

How many migrant workers will work for you in Maryland?

How many adults who are not members of the crew will come to Maryland with the crew?

How many school-age children will come to Maryland with the crew?

What are the predominant languages spoken by the crew? ☐ English ☐ Spanish ☐ Haitian ☐ Other _____

7. CONSENT TO SERVICE OF PROCESS. I appoint

whose Maryland address is _____, to serve as my resident agent to accept service of process when I have left Maryland or otherwise am unavailable to accept service.

NOTE: You must appoint an individual (not a company) who is a permanent resident of Maryland and who has agreed to serve as your resident agent.

8. Farm Labor Contracting Activities:

What farm labor contracting services will you provide in Maryland?

☐ Recruit ☐ Transport ☐ Employ ☐ House ☐ Provide ☐ Pay

9. Payroll and insurance:

Crew leaderGrower(s)

Others (Please specify)

Who will pay the crew?

☐

1

5

Who will keep copies of your payroll records in Maryland after you leave this State?

(N/A)

9

Who will provide workers' compensation insurance for the crew in Maryland?

10

5

Name of insurance company:

Address:

Policy or binder number:

A certificate of insurance: ☐ Is enclosed

☐☐ Will be provided by

9

Name of insurance company:

Address:

Policy or binder number:

A certificate of insurance: ☐ Is enclosed

☐ Will be provided by

5

10. List each grower for whom you will work in Maryland.

Name:

Address:

Work dates: from to

Name:

Address:

Work dates: from to

Name:

Address:

Work dates: from to

11. Housing Information:

Where will the crew live in Maryland?

Name of the camp or motel:

Street address (not post office box):

Who will provide or arrange the housing?

☐

Crew leader

☐

Grower

☐

Crew

☐

Other

12. Transportation Information:

How will the crew get to Maryland, and from their housing to the field each day?

☐

Crew provides their own transportation

☐

Crew leader provides transportation

☐

Someone else provides transportation

Who?

Unless the crew provides their own transportation, answer the items below.

List each vehicle to be used to transport the crew in Maryland. Note: *You must provide a certificate of insurance for each vehicle used to transport the crew in Maryland.*

Year	Make	Model	Tag #	State	Insurance company	Policy #

Identify each driver who will drive the crew in Maryland.

Name: MSPA #: - - - - - SSN #: - -

Driver's License #: State: License Type: Expiration Date:

Name: MSPA #: - - - - - SSN #: - -

Driver's License #: State: License Type: Expiration Date:

Name: MSPA #: - - - - - SSN #: - -

Driver's License #: State: License Type: Expiration Date:

Name: MSPA #: - - - - - SSN #: - -

Driver's License #: State: License Type: Expiration Date:

**FILING THIS APPLICATION DOES NOT AUTHORIZE YOU TO WORK AS A FARM LABOR CONTRACTOR
IN MARYLAND.**

If your application is approved, you will be issued a Maryland license.

A knowing misrepresentation in this application is grounds for denial, suspension, or revocation of a farm labor contractor's license.

I certify that the information provided on this application is true and complete, and that I have read and fully understand the requirements of the Maryland Farm Labor Contractors law.

Date

Signature of Applicant

An application must be completed and signed and include:

- A \$25.00 check or money order payable to the Division of Labor and Industry.
- Two (2) recent passport size **color** photographs of the applicant, signed in ink along the left front side.
- Proof of workers' compensation insurance coverage for the crew in Maryland.
- Proof of insurance for each vehicle to be used to transport the crew in Maryland, issued by a company authorized to do business in Maryland.

A FARM LABOR CONTRACTOR SHALL:

Carry a valid Maryland Farm Labor Contractors license while working as a farm labor contractor in Maryland, and show the license to each person with whom the licensee intends to deal as a farm labor contractor and to authorized persons upon request.

Notify the Commissioner of Labor and Industry within 10 days of any change in the information provided on the license application.

Provide written disclosures about terms and conditions of employment to each crew member before bringing the crew to Maryland.

Comply with agreements with growers and with members of the crew.

Keep records of wages owed and paid to the crew, whether or not the farm labor contractor is responsible for paying the crew.

Post terms and conditions of housing, if housing is provided for the crew.

Comply with vehicle safety standards, licensing standards, licensing and insurance requirements, if transportation is provided for the crew.

THE FULL PROVISIONS OF THE LAW AND REGULATIONS ARE CONTAINED IN:

- Labor and Employment Article, Title 7 of the Maryland Code
- Code of Maryland Regulations 09.12.45

Forward the completed applications, along with enclosures, to the following address:

Department of Labor, Licensing and Regulation
Division of Labor and Industry
Farm Labor Contractors Licensing Program
Attn: Program Manager
1100 North Eutaw Street, Room 607
Baltimore, MD 21201
(410) 767- 9885 Fax: (410) 333-7303
E-mail: dlldifarmlaborcontlic-dllr@maryland.gov